

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

09/836 222

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	7 minus 20 =	-
INDEPENDENT CLAIMS	1 minus 3 =	-
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER SMALL

RATE	FEE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE
BASIC FEE
X\$50=
X200=
+360=
TOTAL

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	10/30/06	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	8	Minus	20
Independent	3	Minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE
X\$50=
X200=
+360=
TOTAL

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE
X\$50=
X200=
+360=
TOTAL

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE
X\$50=
X200=
+360=
TOTAL

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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Substitute for Form PTO-873

(Continued)

(October 2)

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RATE	FEE
\$ 1.00	\$ 1.00
\$ 2.00	\$ 2.00
\$ 3.00	\$ 3.00
TOTAL	\$ 6.00

	RATE	FEE
OR		\$ 210
OR	R 3 ____	
OR	R 5 ____	
OR	R 8 ____	
OR	TOTAL	210

* If the difference in column 1 is less than zero, enter "U" in column 2.

Figure 13

(Column 2)

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RATE	ADDITIONAL FEE
R 5 _____	
R 3 _____	
R 2 _____	
TOTAL ADD'L FEE	

	RATE	ADDITIONAL FEE
OR	\$.	
OR	R \$.	
OR	+. .	
OR	TOTAL ADD'L FEE	

2 FIRST PRESENTATION OF MULTIPLE DEFENDERS CASE (27 APR 1, 1962)

(Column 1)

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(Column 3)

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RATE	ADDITIONAL FEE
25 _____	
25 _____	
25 _____	
TOTAL ADD'L FEE	

	RATE	ADDITIONAL FEE
OR	25	
OR	25	
OR	25	
OR	TOTAL ADDL FEE	

AL FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.103)

Figure 11

October 20

(Colour 2)

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RATE	ADDITIONAL FEE
25.00	
25.00	
25.00	
TOTAL ADD. FEE	

	RATE	ADDITIONAL FEE
OR	\$ <u> </u> ^v	X
OR	\$ <u> </u> ^v	
OR	\$ <u> </u> ^v	
OR	TOTAL ADDITIONAL FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (PT CH 1, 1993)

- * If the entry in column 1 is less than the entry in column 2, write "C" in column 3.
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, order "20".
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 1, order "1".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.15. The information is required to obtain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-FID-9199 and select option 2.